

**UNITED RECOVERY SERVICE, L.L.C**

"UNITED WE STAND, DIVIDED WE FALL"

18525 Torrence Ave. Suite C-6

Lansing, Illinois 60438

Phone (708) 895-5300

Fax (708) 895-5333

SHAPIRO JULIA M

CHICAGO, IL 60625

Date of Notice: 11/20/2007 Account# [REDACTED] 298 Amount Due \$99

Client Account# [REDACTED] 329 Our Client: Advocate Physician Group

Date of Service [REDACTED] 06 Invoice: IL Masonic Description: K [REDACTED] M [REDACTED]

Dear JULIA M,

Please be advised that this office has been retained by the above referenced client. Our client claims that services have been rendered to you and that the amount shown above is now due.

Unless you, the recipient of this notice, dispute the validity of this debt in whole or in part within thirty (30) days after receipt of this notice, this debt will assumed to be valid. If you notify this office in writing within the thirty (30) day period that this debt or any portion thereof is disputed, this office will obtain verification of the debt and it will be mailed to you. Please be further advised that unless this office is notified in writing as outlined above, we reserve the right to continue our collection efforts

Please contact our office if you have any questions about this claim or to make suitable arrangements for payment(s). Your payment(s) should be made payable to UNITED RECOVERY SERVICE, L.L.C and mailed to: 18525 Torrence Ave. Suite C-6 Lansing, IL 60438. Payment(s) may also be made by phone by calling (708) 895-5300.

**THIS LETTER IS AN ATTEMPT TO COLLECT A DEBT AND ANY  
INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE!**

UNITED RECOVERY SERVICE, L.L.C

Detach and mail back

We accept MasterCard, Visa, American Express, and Discover. Account # \_\_\_\_\_

Name on Card: \_\_\_\_\_ Card # \_\_\_\_\_

(Please Print)

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Three Digit Code \_\_\_\_ (Back Side of Card) Amount \$\_\_\_\_.\_\_\_\_